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Dr. E. R. Squibb. of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (*Gaillard's Medical Journal*, March, 1889, p. 267), read before the Kings County Medical Association, February 5, 1889:

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BOOK NOTES

Continued from page 333

Diseases of Women. *By John King, M. D.* Any one who has read any one of the other numerous books by Prof. King will at once acknowledge the ability of the writer of this book, which has been inscribed by its author to the Eclectic Physicians of the United States.

Prof. King, in writing this book has avoided, what so few authors do, the tiring of the busy practitioner with long spun theories and hypothetical cases, but goes at once at the facts in the case and tells you at once where to strike at the root of the evil, and the best weapons for cutting it off. Just the thing for the country practitioner. See ad. Eclectic Books in this Journal.

The Principles of Medicine. *By John M. Scudder, M. D.* Those who are posted, will derive much pleasure in perusing the pages of this neat and valuable little volume, and will find there time well spent in refreshing their minds on topics with which they are already somewhat conversant, and by getting many new ideas from one who is standard authority. Those who are not thoroughly posted on the principles of medicine as taught by the leaders of Eclecticism should not fail to procure this work and after having closely studied its contents, they will look upon their calling in a new light, and will go about their work with renewed vigor, courage and pleasure. See ad. Eclectic Books in this JOURNAL.

THE

CALIFORNIA MEDICAL JOURNAL.

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The Board of Examiners of the Electic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain. When you wish to begin a paragraph at a given word, place before it in your MS the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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CALIFORNIA JOURNAL COMPANY, 1422 FOLSOM STREET, SAN FRANCISCO. CAL.

A Lecture on Diseases of the Ankle Joint.

BY M. E. VAN METER, M. D.

Professor of Orthopedic and Clinical Surgery in California Medical College and Consulting Surgeon to the Sheltering Arms Infirmary.

LADIES AND GENTLEMEN:—

While this branch of surgery does not fall within the scope of orthopedic surgery, in acute or traumatic diseases, in chronic disease and the resulting deformity of acute and traumatic cases do.

As we have just said the acute diseases do not properly fall in the line of the orthopedic surgeon. Yet they may well do so, for while it is his forte to correct deformities, it should also come within his province to prevent them. And in order to do this scientifically and successfully, it is abso-

lutely necessary that the principles involved in orthopedy should be thoroughly understood. The main points in which it will now be our endeavor to point out to you. And the first step in this direction will be to consider the anatomy of the ankle joint.

This joint is composed of osseous, cartilagineous, ligamentous and synovial tissues. Always bear this in mind; for when dealing with diseased joints, which of these component structures is at fault is a question that *must always* be settled in order to form a correct diagnosis on which, only, can be based a rational and scientific treatment. The bones entering into the formation of this joint are the lower ends of the tibia and fibula, with their respective malleoli, and the upper surface of the Astragalus.

The articular surfaces of these bones are covered with cartilage and are held in apposition by the following very strong ligaments, viz.: The anterior, and internal and external lateral; which are lined by synovial membranes. You must remember in regard to the character of this joint that it is strictly ginglymoid and has but two motions, those of flexion and extension. The apparent lateral motion its not made at the astragalo-tibial articulation but at that of the astragalo calcaneus; and when the toes are turned out or in it is at the expense of the hip joint. Any lateral motion obtained at the ankle joint is done at the expense of an injury to some of the structures entering into the formation of that joint.

The cartilages on the articular surfaces are without nerves and non-vascular and receive their nutriment wholly by imbibition from the synovial membranes and from the lamella beneath them; hence necrosis readily and rapidly takes place from very slight injuries, on account of their low vitality. But it is a question if disease ever has its origin in the cartilages proper, but in the cancellous tissue directly beneath them. This brings us to a point in the pathology of joint diseases, worthy of due consideration and thought; and it is this: That while cartilage is non-vascular and entirely without nerve supply, which renders it not easily susceptible to

injuries itself; these same conditions render its vitality so low that its continuity is invaded and its complete destruction encompassed by the slightest wrong of the adjacent tissues from which it receives its life supply. Thus we have destructions of the articular surfaces from ostitis extending to the end of the bone; from synovitis or other inflammatory process involving the joint.

As we mentioned before we may have diseases of the ankle joint, which begins in the synovial membrane, the ligaments, or in the articular lamella immediately beneath the cartilage. This latter condition, we think, is by far the most common and the most dangerous; as it is the hardest to early diagnose; is the most likely to be neglected by the patient, in seeking medical advice; and to be passed by as a trivial matter by the physician when his aid is first invoked. It is far less amenable to treatment and is more rapid and destructive in its progress. Why this latter condition is less readily diagnosed and more serious in its consequences than where the ligaments or synovial membranes alone are involved you will nnderstand when we come to speak of the symptoms and course of the different forms mentioned.

While you may readily understand how an ostitis, extending to the end of the bone, may destroy the cartilage of that bone; no doubt a question arises in your minds as to how synovitis can produce the same dire results. The answer to this question will readily occur to you, if you but remember the histology of the joint structure; the low vitality of cartilages; and that a part of their nutrient supply comes from the synovial membranes. When this supply is cut off by inflammatory processes in the synovial structure, we have developed a pathological condition favoring the death and destruction of this already poorly nourished cartilage.

The true pathology of those cases which have their origin in the bone substance, is this. From a strain, wound, jar or concussion we have an extravasation of blood beneath the synovial membrane or in the cancellous tissues of the end of the bone beneath the cartilage.

When this occurs, there is one of two things, which *mus*

always happen. (1) After a longer or shorter period the extravasation is cleared away by absorption and the tendency to destructive inflammation is resisted by the reparative processes of nature; or (2) The extravasation results in the inflammation which more or less rapidly extends to other parts of the bone; to the cartilage, of that bone: and often, secondarily, to other bones and cartilages till not only the bone first involved andits cartilage are destroyed, but all the bones and cartilages entering into the formation of the affected joint.

When the extravasation—if small—first occurs there will be no swelling and not much pain. Hence the likely-hood of its being neglected till serious trouble is developed. And many of the consequences of this neglect, is laid at the door of a scrofulous diathesis, while they should be charged to the neglect of the patient in not early seeking advice; and to the ignorance of those to whom they did go, when the progress of the disease finally forced them to seek relief.

Of course, other things being equal, a child with a *taint* in its system would be more easily and worse affected than would one in whom no such taint existed. But this is no more true in this class of cases than in many others.

With such a pathognomonic history before us we can easily appreciate the importance of an *early* and a *correct* diagnosis and you will find it true that an injury that not only *appears* trivial, but *really is* insignificant in magnitude, and would result in speedy recovery, if early recognized and properly treated, may result in most disasterous consequences if neglected or improperly treated.

By a close study of clinical symptoms, we may, as a rule, arrive at a pretty positive diagnosis; and if we will follow this up with energetic—and sometimes heroic—systematic and presistent treatment; we will often succeed in averting the most dire results.

When we have presented to us a case for diagnosis we must not study, only the more apparent conditions, but also the more obscure symptoms. Nor must we stop here, but by inquiry as to the concurrent circumstances learn, if possible, the *kind, amount* and *direction* of the force applied

that caused the injury. If we succeed in learning these facts, they will greatly aid us in forming a correct diagnosis Thus, if it were from a severe pressure or extreme extension or twist, we would expect to find both the synovial and ligamentous structures involved. If from the same kind of force but more moderately applied we might find either of these structures, alone, affected. While, if the injury came from a blow on the side of the ankle, we would perhaps have extravasation beneath the cartilage of the malleolus on one or both sides, but most likely on the side where the force was applied. If the injury came from a fall or jump from a height, or from any other means of a force applied in the direct axis of the tibia, we will be most likely to have extravasation beneath the cartilage of the tibia or astragalus or both; and in some instances the concussion has occurred between the astragalus and calcaneus.

In the cases where the symptoms are more prominent the conditions can be more easily recognized, if you will bear in mind the following diagnostic indications, viz: If the synovial membrane is the part injured we have rapid and extensive swelling, with a distinct puffy condition on either side of the malleoli. There will be tenderness and often excruciating pain, which is increased on the slightest motion; especially if the joint be pressed together and slightly twisted.

If the ligaments alone, be involved there will be less swelling and pain and but little or no tenderness or pressure except it be made directly over the part affected. Pressing the joint together gives relief; while extension causes pain. If it be a case of extravasation from concussion, there will be no swelling nor tenderness on pressure till the disease has made considerable progress. There will be obscure pain when walking or when pressure is made on the bottom of the foot, forcing the bones of the joint into close apposition. As time passes by the symptoms, instead of gradually passing away, go on from bad to worse. The pain becomes aggravating, and the lameness increases till finally the patient will have to desist from further use of the limb; and severe constitutional symptoms will now begin to manifest themselves.

The rest at night will be disturbed by attacks of excruciating pain; the joint will be irregularly enlarged and present a boggy feel to the touch. There will be an increase in the temperature and tenderness on pressure; and any motion, except extension, will increase the pain.

TREATMENT:—In all injuries of the joint, no matter what structures are involved, absolute rest is the *sine qua non* to other successful treatment. In addition to, and to promote rest of the parts, we need fixation; and here again comes the necessity of being able to know what particular structure is involved. If it be the synovial membrane that has been injured, we have only to fix the joint in its natural position. But if the ligaments have been strained it will be necessary to fix the foot, so as to relax the ligaments, thus taking off all tension and giving them rest. While if it be a bruised cancellous tissue from concussion, it will be requisite to fix the foot with extension, thus relieving the cartilages and their subjacent, extravasated osteal tissues from all pressure.

So you see the very first steps of our treatment, unless based on a correct diagnosis, may not only prove futile but actually harmful. The next step in the treatment to be considered is that of external applications. Those of heat and cold holding the most prominent places in the advanced surgical ideas of to-day. The fact being generally conceded that any good derived from the various poultices decoctions and lotions owe that power to the *heat* or *cold* of the applications and not to any medicinal virtue. We however seem to sometimes get better effects by the addition of vinegar, or some of the more common herbs to the water, whether used hot or cold; but we doubt if this theory could be established as a fact. There is one thing however that is in favor of their use, which is this. They will do no harm, if they do no good, and you will meet with many cases where the relatives or friends have an abiding faith in certain applicatio ns and will feel much dissatisfaction if you do not concede to their wishes, and while you may be depending on the heat or cold of the application for the desired relief, you will apparently be doing more if you add something to the water

you are using; especially if you use something that the interested ones are not acquainted with.

Of the two applications; *heat* and *cold* we much prefer the hot, and when we say *hot* we do not mean *warm*. But which ever you may choose, let it be distinctly so; for *warm* water cannot take the place of the *hot*, neither can moderately cold water take the place of ice-water or the ice pack; and which-ever mode of treatment you adopt, carry it out constantly and persistently; or you will not get its best effects.

As to the length of time you should continue this treatment will depend entirely on the success of the treatment. But were we going to lay down a rule in the matter, we would say, continue the application as long as there is pain and acute inflammatory processes going on.

After the acute symptoms are passed, bandage the limb snugly, fix the joint in an extended position or otherwise, according to the parts involved, and lay it away in an elevated position.

If you succeed in preventing suppurative and destructive processes from developing, you may at the end of one, two or three weeks, according to the condition of the parts, remove whatever you have used for fixation purposes, and begin passive motion, *always* holding the joint extended or otherwise, as it was when in fixed position. During the passive movemnts, massage of the parts will add to the comfort of the patient, and increase the absorption of effused material. This course of treatment should be kept up till recovery is complete, and if it has been a case of subcartilaginous extravasation it will be necessary to protect the articular surfaces from unnatural pressure, for sometime after the disease is apparently cured.

In our next lecture we will consider the operative treatment of this joint when it has been invaded by suppurative and destructive process.

The Spanish Bull Fight.

BY H. T. WEBSTER, M. D., OAKLAND, CAL.

While in Paris last summer, I whiled away a Saturday afternoon witnessing a Spanish bull fight, somewhat after the old plan, but still modernized to rob it of its horrors. As the game is now played in Paris, it is about as harmless as a game of base ball, and much more entertaining.

The Spanish citizens of Paris were not contented without an opportunity of witnessing, occasionally, one of their national entertainments; and last year erected an immense iron ampitheater, with glass roof, in the suburbs of the city, where, twice a week, when I was there, an exhibition of bull fighting was given.

Instead, however, of turning the bull into the ring with horns sharp and ungarded, these dangerous members were so covered, at the points, with large rubber knobs, that the bovine lancer, was unable, even though he succeeded, as he did several times, in cornering and running down a horse, to penetrate its hide. The lances, swords and darts used, were also so guarded at the points that the hide only was penetrated, and a bull is fought several times upon different occasions, until he ceases to enjoy the fun, and refuses to take any offense at all at the formerly tantalizing red cloaks.

At the entertainment I attended but one of the bovines, out of seven let into the ring, refused battle. This one was evidently an old soldier and had learned caution from former experience. Though not inclined to turn tail at first, a sight of the paraphernalia of the ring subdued all pugnacity, and it ignominiously galloped around the circle to avoid its tormentors, while the audience howled and shrieked its digust —as though the animal could understand the sentiment. The enthusiasm of the Spaniards for the sport is phenomenal. Whenever a good and exciting play was made, close charge of the bull avoided or dextrous thrust made at close quarters, with sword or lance, many of the applauding aud-

ience would recklessly fling their hats into the ring to be trampled by bull or matadors, or be gored in the impotent fury of the maddenəd brute while looking for something stationary, after vainly striving to follow the agile, dodging tormentors with flags and darts.

The preliminary act consisted of a parade, led by a brass band, in which all the actors joined. About a dozen men in all occupied the ring, some of them acting as "teasers" to infuriate the bull by waving red cloaks in his face, permitting him to almost overtake them and then dodging him, pulling him by the tail and other methods, to put him on the aggressive.

Three or four used short darts which they would manage to fasten in the animal's neck, during the charges. Others, and these seemed to be the star performers, wielded the sword, usually finishing the performance by giving what, under proper circumstances—an ungarded blade, would be the fatal thrust. After this a drove—half a dozen—of docile oxen would be driven into the arena and the somewhat tamed bovine would make its exit in their company.

The most interesting part of the exhibition was the fighting on horseback. This consisted of two kinds of performance: In one the lancers—two of them, undertook to meet the charges by the use of lances, eight feet or so in length, guarded at the point, which they used to prop the animal away whenever it would charge their horses. This was usually successful, though occasionally the bull would manage to pass the barrier and drive its muffled horns under the steed's belly, viciously. The horses in these combats, were blinded, as without this it would be impossible to induce them to submit quietly enough for the lancers to meet the attacks effectively. In one of these combats the maddened bull succeeded in catching a horse under the breast and overturning both horse and rider in the most approved style of ancient chivalry. The next few seconds seemed very interesting ones for the fallen rider—as well as for the spectators, for the infuriated animal pinned him to the ground, boring its muffled horns on his chest and about him in a very

perilous manner. A red cloak, however, waved in the angry animal's face diverted its attention, and in another second it was chasing the adventurous *chulos* in another part of the arena, while the disgruntled rider arose and clambered over the fence.

The fence is arranged with a step at the bottom, so that it is an easy matter for a man to jump over, but impossible for an animal, standing on the ground, to do so. Sometimes a man would find himself in jeopardy but for this refuge. A laughable occurrence in this affair was the somewhat forcible assisting of the leading matador over the fence by an angry bull while the man was gallantly rescuing the silken parasol of a fair dame whose enthusiasm at an extra exhibiton of skill had prompted her to fling it into the ring. He was just in the act of passing the article into her hands when the bull charged him, and before he could escape, lifted him over without care or ceremony.

Another method of horseback bull baiting is practised by a single rider. In this exercise the horse is a trained steed, and really does the greater part of the performance, having its eyes uncovered and manifesting surprising agility and intelligence in avoiding the charges of the bovine. In this performance a beautiful milkwhite Andalnsian charger almost held me spe-llbound by the many dextrous maneuvers with which it evaded the bull, at times when it seemed as though it must be impaled, or, at least, severely injured in a corner. Then it would gallop around the ring, just rapidly enough to keep away from the threatening horns, while the rider would leisurely fasten a few darts in the bull's neck and withers, as it ran alongside.

As practised in this modified style bull fighting does not seem to me to be very objectional pastime, and it is exciting enough to afford an enjoyable afternoon to one who has become glutted with picture galleries, churches, ruins and landscapes. It is a rest for the traveler who possesses the least bit of "blood." One of the party who saw the show with me was a clergyman; and he was free to maintain that

there was nothing particularly bad or cruel about it. He said he was preparing a course of lectures to be delivered when he returned to the United States, and he did not require much urging to yield to an invitation to join the company. He laughed as loudly as any one when the proper time came, and certainly had the worth of his five francs if any one there did.

Hay Fever Remedies.

Whatever may be the theory of the causation of hay fever the question to physician and patient is how shall the symptoms be relieved? Mere mention of the remedies that have been tried would almost make a treatise on materia mcdica.

Among these we wish to call attention to a few which have prov en their efficacy. These may be conveniently described under two heads, viz.: remedies for local use and for internal administration.

Local medication may include Cocaine in 4 per cent. solution, in tablet form or in nasal bougies. A good formula for bougies is the following: Hydrochlhrate of Cocaine, 1 grain; Atropine, 1-200 grain; Cocoa butter, q. s. The bougie may be held in position by a pledget of absorbent cotton soaked in cocaine solution.

Menthol may also be used with advantage in 10 to 20 per cent. solution in olive or almond oil and applied to the nasal membrane with a brush, or in spray or simply insufflated.

Fluid Extract Witch Hazel, distilled, and Fluid Hydrastis for local application are often of value in the catarrhal symptoms.

For internal administration to abort the paroxysms Grindelia Robusta, Euphorbia Pilulifera and Quebracho may be resorted to either alone or in combination. These remedies have shown their specific antispasmodic action in asthma, and accepting the neurotic origin of hay fever, must be coneeded to be of service in restoring normal respiratory action in the distressing paroxysms of hay fever

Parke, Davis & Co. supply all of these agents in eligible form, and will afford all desired *i*nformation concerning thcm.

ORGANIC CHEMISTRY.

BY PROF., M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO, CAL.

Professor of Chemistry and Toxicology, in the California Medical College.

SALTS OF NONYL.

Nonane (C_9H_{20}) occurs associated with Octane in crude petroleum, and tar oils. It melts at—51° boils at 149.5 and has a sp.gr. of 0.7330 at 0°. It is used as a lubricant, and has a large number of isomerides.

Nonyl (C_3H_{19}) is the group of the series known as the Pelerganates or Œnanthics.

Pelergonic (œnantic) **Ether** ($C_9H_{17}O_2C_2H_5$). Pelerganate of Ethyl is an ester, and is manufactured under the name of artificial essence of quince, also as the essence of cognac and is used to flavor brandy and wines. It is obtained by dissolving pelergonic acid in strong alcohol, and passing HCl gas through it, also from wine lees by distillation.

Nonylic Alcohol ($C_9H_{19}HO$). This rare alcohol may be prepared from octyl alcohol, through the agency of octyl iodide. It boils at 200°.

Nonylic Aldehyde has not been isolated. But the Ketone (from the secondary isomeric alcohol) has, and exists in the form of **Methyl nonyl Ketone.**

It is the chief constituent of oil of rue. (Ruta graveolous) it may be extracted from this by shaking with Na_2SO_4. It is produced during the distillation of calcium caprate with $Ca2C_2H_3O_2$. It is a bluish fluorescent oil, which on cooling solidifies to plates, melting at+13° and boiling at 225°. When oxidized it yields acetic and pelergonic ($C_9H_{18}O_2$) acids.

Nonoic Ketone (Isomeric) or Nonone (C_8H_{17})2CO melts at 58°.

Pelergonic (Nonylec or Nonoic) Acid.

$H.C_9H_{17}O_2$ or $C_8H_{17}COOH$.

exists ready formed in the leaves of the geranium (Pelergonium roseum). It may be prepared by the action of HNO_3 on the oil of rue, (methyl nonyl ketone), also by the oxidation of oleic acid with HNO_3, it may also be obtained from castor oil by distilling under reduced pressure, and fusing with KHO. It fuses at $+12.5°$ and boils at 254°.

SALTS OF DECANE.

Decane ($C_{10}H_{22}$) from petroleum and tar oil. It melts at—32° and boils at 173°. Its sp.gr. is 0.7456 at 0° and normal pressure.

Decyl (capryl) ($C_{10}H_{21}$) is the grouping. The ethers are esters. The ethyl esters $C_2H_5C_{10}H_{21}$ is a liquid and possesses a fruit like odor. It boils at 243°

Caprylate of Glyceryl $(C_{10}H_{21})_3C_3H_5$ is one of the principal ingredients in Oil of Theobroma (cocoa butter). Some essential oils are isomerides, of this ester. Oleum Menthæ Piperitæ $C_{10}H_{20}O$ or $(C_{10}H_{18}.H_2O)$. And Oleum Menthœ Virides (Shearmuit) $C_{10}H_{20}O$ or $(C_{10}H_{18}H_2O)$.

Decyl Alcohol ($C_{10}H_{21}HO$) obtained from capric aldehyde. It melts at $+7°$ under a pressure of 15 m. m. It boils at 119°.

Decatoic (Capric) Aldehyde ($C_9H_{19}COH$) is obtained from Capric Acid. It boils at 106° under a pressure of 15 m. m. When boiled at normal pressure it decomposes. It may be prepared by distilling barium Caprate with barium formate, under diminished pressure.

Caprone $(C_5H_{11})_2CO$, the Ketone of Capric Acid is formed when the salts of capric acid are distilled alone.

Capric (rutic) **Acid** ($C_{10}H_{20}O_2$.—$C_9H_{19}COOH$. or $H.C_{10}H_{19}O_2$ is present in the fusel oil of scotch whisky, butter, oil of rue, cocoanut oil, and many fats, it forms a crystalline mass, melting at 31.4° and boiling with partial decomposition, at 260°. The barium salt crystallizes from alcohol in fatty shining needles or scales.

The fatty acids existing in fats and oils all possess the normal structure of the carbon chain, inasmuch as they yield

only lower and normal acids when oxidized. It is an interesting fact, that in the natural fats only acids exist that have an even number of C atoms. Those that possess an uneven number of C atoms (as undecylic and tridecylic) are artificially prepared by the oxidation of their corresponding ketones. The latter are obtained by distilling the calcium salt of an acid having one C atom more with $Ca2C_2H_3O_2$. In this manner there is derived from lauric acid, $C_{11}H_{23}COOH$, the ketone $C_{11}H_{23}.CO.CH_3$ which is oxidized to undecylic acid. $C_{11}H_{22}O_2$ or $C_{10}H_{21}COOH$, by chromic acid. Undecylic acid yields the ketone, $C_{10}H_{21}.CO.CH_3$ and this the acid $C_{10}H_{20}O_2$ (Capric) etc. Thus, starting with the highest acid, we can successively form all the lower members of the series (Richter.)

SALTS OF UNDECYL.

Undecane ($C_{11}H_{24}$) is associated with Decane in tar oils and crude petroleum, it melts at —26.5°, boils at 194.5° and has a sp.gr. of 0.7745.

Undecyl ($C_{11}H_{23}$) is the group of this series.

The **Ethers** exist as unisolated isomeric **Esters** in fats and oils, mostly in the form of glycerides.

The **Alcohol** has not been isolated.

The **Aldehyde** is found in oil of rue under the name of Euodic aldehyde $C_{11}H_{22}O$ or $C_{10}H_{21}COH$.

The **Ketone** ($C_{10}H_{21}.CO.CH_3$) is obtained from undecylic acid, it melts at 21°. It is associated with a ketone from Lauric acid $C_{11}H_{23}.CO.CH_3$ which melts at 28°.

Undecylic Acid ($C_{10}H_{21}.COOH$. ($C_{11}H_{22}O_2$) is obtained from undecyl-methyl-ketone $C_{11}H_{23}.CO.CH_3$ and from undecylenic acid, when the latter is heated with HI. It is a scaly, crystalline mass, which melts at 28.5° and boils at 212° under a pressure of 100 m. m. An acid obtained from the California bay tree seems to be identical with this acid.

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THE SALTS OF DODECLY.

Dodecane ($C_{12}H_{26}$) is a liquid associated with undecane in coal tar oils, petroleum and vasoline oil. It melts at—12°, and boils at 214° under normal pressure. It has a sp.gr. of 0.773.

The higher members of this series are contained in petroleum and tar oils, produced in the distillation of turf, lignite and bituminous coal. To isolate them in a pure condition, crude petroleum or the light tar oils are treated with concentrated H_2SO_4 which dissolves the non saturated hydrocarbons of the C_nH_{2n} series, and those of the benzine series, and destroys other organic substances. The separated oil is further treated with fuming HNO_3, and NaHO, washed with H_2O, dried, and fractionally distilled over metallic sodium. In this way a whole series of hydrocarbons is obtained.

From the fraction boiling, from 0° to 130° of American petroleum two isomeric series of hydrocarbons have been isolated C_5H_{12} boiling at 38° and C_5H_{12} boiling at 30°, and so on down to C_8H_{18} boiling at 125° and C_8H_{18} boiling at 118°. The members from C_9H_{20} to $C_{16}H_{34}$, boiling at 270° have not been obtained perfectly pure.

Dodecyl $C_{12}H_{25}$ is the grouping of this series.

The Ether is not known.

The Ethyl Ester ($C_{12}H_{23}O_2.C_2H_5$ possesses a fruit like odor, and boils at 269°.

The Glyceryl Ester (Laurate of Glyceryl) $(C_{12}H_{23}O_2)_3C_3H_5$) is one of the six glycerides of which cocoa butter, (oil of Theobroma) is composed, it is also found in the fat of bay tree berries, see Lauric acid.

The Ketone ($C_{11}H_{23}.CO.CH_3$, melts at 28°, an isomeric ketone Laurone $(C_{11}H_{23})_2CO$ melts at 69°. It may be made from Lauric acid the same way as caprone is made from undecylic acid.

Dodecatyl or **Lauric Alcohol** ($C_{12}H_{25}HO$ from Lauraldehyde, melts at 24° and boils at 143.5° under a pressure of 15 m. m.

It is a liquid and one of the ingredients of whale oil and other fixed oils.

Lauraldehyde ($C_{11}H_{23}.COH$. ($C_{12}H_{24}O$) from Lauric acid, crysallizes in shineing tablets, fusing at 44.5° and boiling at 142° and a pressure of 22 m. It is found in the oil of rue.

Lauric Acid ($C_{11}H_{23}COOH$ or ($C_{12}H_{24}O_2$) occurs associated with its glyceryl ester in the fruit of Laurus mobiles, and in pichurium beans. It crystallizes in large brilliant needles, which melt at 43.6°.

Several Subjects.

BY G. P. BISSELL M. D.

In the August number of the JOURNAL Dr. Van Meter gives account of the beneficial results of "Massage in Obstruction of the Bowels from Impaction."

I too can speak in its favor under like circumstances, having often directed it with success. But I never yet could induce a patient to continue it so as to overcome habitual constipation. I do not know that it will do so, but have for a long time felt desirous of finding some one with perseverance enough to try it to a definite conclusion.

Why did not the doctor question the woman as to the latest date that she had eaten caraway, berries and tomatoes? He would thus have had one positive date, the shortest, from which to reckon. I like his suggestion of letting in air.

A selection relating to surgery indicates that Nola's modification of Desault's method of treating umbilical hernia is uniformly successful. It ought to have that merit at least, for it is a clumsy, brutal mode of treatment.

Such cases in my practice have always resulted in cure, when treated by pressure. If any fact of surgery has been well settled, since the old farmer put a chip between his truss and his rupture, it is that any hernia can be cured by continued, firm pressure. And yet surgeons do not seem to know it.

But I will suggest to try nux vomica on the little patients. It acts there and thereabout, and I have seen a colt suffering

with umbilical hernia greatly benefitted by it. The benefit was marked and immediate; but whether the cure is absolute I cannot at this date say.

In conservative surgery I will report a case. A lad by the name of Grimm, aged about 17 years was carrying a loaded shot gun on the 3d. of July last. He held the gun by the muzzle, between his thumb and index finger, trailing it after him as he went through the brush. It discharged, sending the shot through his finger and thumb, and carried away the end of the latter as far as the nail extended, shattering the bone somewhat. What with the powder burn and laceration it was a rather ugly gun shot wound.

I gave him his choice between amputation and trying to save what was left, telling him that I should choose the latter alternative if the wound was my own. He chose to save. I dressed it with alcohol

water	āā
sugar	qs.

giving acconite to control the traumatic fever, and changing the dressing to carbolized oil as sphacelus occurred. To-day he is well with a finger not much the worse for use, and a thumb a little shortened.

I will end this article with a little carping criticism. I wonder what sort of eyes the JOURNAL's proof reader has. They ought to be a curiosity to any occulist.

Again; many writers are slovenly in the grammatical construction of their sentences, often leaving the verb entirely out, but more often using the participle for the principle form. If the readers of the JOURNAL will hunt up a particular one of my former articles, they will see the latter fault. I knew it at the time, but rather than reconstruct the sentence and leave a gap there on the paper, I let it stand, for I never copy.

Now gentlemen and ladies, writers, continue to write; but let us try to write according to grammatical rules. But I would have nothing but admiration for one who should have boldness to disregard almost all orthodox rules of orthography. I believe in spelling reform.

DREAMLESS SLEEP.

About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine, much used in the States, called BROMIDIA, which is a combination of Chloral, Bromide Potass, Cannabis Indica and Hyoscsamus. I obtained some, and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, withont the disagreeable dreams and after effects of opium. The dose is ℥ss. to ℥j. every hour till sleep is procured. I have also found it of much service in cases of tonsilitis, used as a gargle with glycerine and carbolic acid. Extract from recent article in *Edinburgh Med. Journal*, Vol. XXXI., No. X., by

J. LINDSAY PORTEOUS,
M. D., F. R. C. S. Ed.

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MISCELLANEOUS.

Haemoptysis.

BY E. S. MCKEE, M. D. CINCINNATI.

Pulmonary hemorrhage, occuring in elderly persons, not associated with tuberculous or cardiac affections, is discussed by Clark. Vascular alterations occur in elderly persons of the arthritic diathesis and resemble the vascular alterations found in osteo-arthritic articulations and are of themselves of an arthritic nature. This variety of hemorrhage is aggravated or maintained by the frequent admistration of large doses of strong astringents; by the application of ice bags to the chest, and by indulgence in liquids to allay the thirst created by the astringents. The treatment apparently most successful in these cases is diet, quiet, restricted use of liquids, stilling of cough, calomel and salines, alkalies with iodide of potassium and frequently renewed counter-irritation. Colchicum is recommended by Spencer in this class of cases. Andrews claims that the comparative value of the two circulations, the pulmonary and the systemic, has been generally overlooked. He proves that the vaso-motor system, which, though apparently less developed than the corresponding systemic mechanism, is capable of exercising a decided control upon the flow of blood through the lungs. The author thinks it of great importance to relieve blood pressure in hæmoptysis; then aconite ought to be a much more efficient remedy for that affection than ergot. Lainsbury argues that ergot and digitalis will increase the blood pressure and contract the bleeding vessel. Whether bleeding will continue or be checked depends upon whether the rent is situated too near the heart or sufficiently near the capillaries. The difficulty in the treatment of hæmoptysis is, that we cannot look inside and see whether we are dealing with hem-

orrhage from a vessel of considerable size, possibly from an aneurismal dilatation, or whether it is a capillary hemorrhage which we have to check. Until we can determine these points we treat hæmoptysis at random.

1. N. Y. Med. Record, Dec. 28, 1889, British Med. Journal, Oct. 26, 1889
2. Canada Practitioner, April 16, 1890.
3. Lancet, Nov. 8, 1890.

The Mississippi Valley Medical Association.

Doctors may come and doctors may go, but the Mississippi Medical Association goes on forever. The October meeting at St. Louis promises to be one of the most interesting and valuable in the history of this banner Association.

The local committee on arrangements at St. Louis includes the representative men from all the colleges, of the local societies, of the medical journals and all the varied interests of the profession.

St. Louis is noted for her warm hospitality and the profession this year are determined that everybody who comes to the meeting, October 14th, 15th and 16th, at the Pickwick theatre, St. Louis, shall not come in vain.

For information regarding the meeting, address the office of the Committee of Arrangements, Grand and Lindell avenues, St. Louis.

* * * * *

One great advantage that the Mississippi Valley Medical Association possesses over other similar bodies, is that its organic law is such that nothing can be discussed during its sessions except science. Any paper upon medical Education, and the interests of colleges or cliques, will be ruled out. All ethical matters are referred, together with all extraordinary business, to appropriate committees and their decisions are final and accepted without discussion. This Association stands as an example which might well be followed by other similar bodies. At the October meeting in St. Louis there will be an unusually full programme with dis-

cussians from representatives, not only of the Mississippi Valley, but the country at large. Dr. E. S. McKee, of Cincinnati, the Secretary of the Association, and the President, Dr. Chas. H. Hughes, together with the local committee of arrangements in St. Louis are all working in harmony to the end that there be a large attendance and a good time.

* * * * *

The hard worked members of the profession who want to get away from home and take their wives and families with them for a few days of rest, should prepare themselves to attend the annual meeting of the Mississippi Valley Medical Association in St. Louis, October 14, 15 and 16th. The daylight hours during the sessions of the convention, will be given up to the consideration of science, the reading and discussion of papers (remember no ethical or other extraordinary business, such as medical legislation and medical education, will be discussed), the report of interesting cases and the best means of curing the doctor's patients, will be the exclusive topics considered.

The place of meeting will be the Pickwick theater, Washington and Jefferson avenue. The evenings will be given up to enjoyment and every visitor will be made to have a good time. Every doctor in the Mississippi Valley and the country at large, in sympathy with the American Medical Association and the advancement of science, is invited to come to the meeting in St. Louis and bring his family.

* * * * *

For the information of those unacquainted with it, we present herewith a few selections from the Constitution and By-Laws of the Mississippi Valley Medical Association. We venture the opinion that no Medical Association in America has a more comprehensive and at the same time simple code of laws governing it. Under such a constitution, the medical demagogue and blatherskite who never can discuss science, but who always has a grievance to present to a medical society or a resolution pertaining to the subject of medical legislation or medical education or something which

would permit him to appear as a public benefactor, is ruled out.

The objects of this Association are to foster, advance and disseminate medical knowledge: to uphold the honor and maintain the dignity of the medical profession.

No essay or report shall be permitted to occupy more than twenty minutes without consent of the Committee of Arrangements.

Discussion of papers or reports presented shall be limited to ten minutes for each speaker and no member shall speak a second time except with the unanimous consent of the Association.

All questions of ethics and differences between members shall be referred without debate to the Judicial Council, whose reports shall be final.

All questions of eligibility for membership shall be determined by the Committee on Credentials.

No person shall be allowed to participate in the deliberations of this Association who has not registered as a member and paid all dues.

From a Letter to Dr. Logan, by a Student of Cal. Medical College.

You ought to have heard from me ere now, but to tell the truth, we have been so busy traveling and enjoying our time, that it is only now I have managed to settle on a quiet hour for letter-writing. We had an altogether pleasant journey across "Uncle Sam's" continent, likewise was our voyage over the Atlantic on board the White Star "Majestic," and when we landed in Liverpool, I can assure you that we were a different looking couple to what we appeared on our leaving 'Frisco, that beautiful city by the Golden Gate.

Now to my medical or clinical experience during our journey. To begin with I felt somewhat big starting off on a trip with all our luggage marked Dr. Kylberg, etc. There happened to be two more doctors on the train, Old School

men, of course, who for all that took me into consultation over an old syphilitic subject in an emigrant car. Some how or other I managed to make the old doctors believe that I knew something; but it was first on the Atlantic Ocean I came to try "my skill" *or rather* your valuable precepts.

There was an elderly lady, wife of a banker, with a son of about twenty-one. The old lady had been to bed in her cabin for a couple of days, not sea sick, but with the most excruciating pains in her breast and back and coughing violently, the cough causing her lancinating pains. Her son thought she was dying sure, and came to me with his face bathed in tears telling me his mother was dying and asked if I would not come and do something for her. I only asked him to go to the ship's doctor as I did not want to get myself into trouble and told him how the English law is strict in such cases. But the old lady would not have an "old ship surgeon" declaring that such were "no good," and begged me so much to do something for her which I at last consented to, after taking an absolute promise of silence about the case. When I took the old lady she was hardly able to breathe, but I dispensed as follows:

℞.	Spec. Sticta	℥ss
	Spec. Asclepias Tub.	gtts. xx
	Aquae	qs. ℥iv

ℳ. Sig.—One teaspoonful every half hour mixed to suit the circumstances.

I was bound to have her well, so she got some stillingia liniment on hot flannels around her chest, and I succeeded to my great delight. Inside of twenty-four hours the old lady was on deck with her proud son, who did'nt cry any more. They thought it was almost a miracle and offered me gold which I most modestly refused of course, being only a fellow passenger.

My aristocratic patient also got my, or rather your address for she said she was bound to come to California some time in the future. My next case was myself in London [hardly worth mentioning] it was only a touch of ague which I broke

up with a good dose of jaborandi.

Next came a case right here in Sweden, a young mother with caked breasts and extremely difficult lactation; here I applied phytlolacca with wonderfully fine results. Another case of mine was a little niece of mine, a girl of about four. She suffered from a most miserable intestinal catarrh I think intertestinal catarrh would be about the proper nosological name for it. It was a case of about three months standing and lots of old school medication which only made it worse. I gave the little one almost Homœopathic doses of Nux Vomica and Dioscorea and that dear little niece of mine is now after two weeks treatment the strongest little kid I ever saw, to the great delight of my sister and brother-in-law who now have full confidence in American medicine. I had the fortune to meet an old civil engineer who has a great influence all over Europe since he was the constructor of the under mining of the Danube in the last Turkish war, besides having directed a great part of the work on the Suez Canal in his younger days etc. His name is Liander, he suffered from very troublesome bronchitis when I met him in the country He gently condescended to allow me dispensing for a time. A little aconite and lobelia alternated with some sanguinaria drosera and collinsonia had the desired effect and inside of a couple of days the old gentleman was all well, for which he promised to send me a costly stone pin from Siberia.

Now dear doctor Logan I have related these little incidents not in order to "brag," but just to let you know that your valuable precepts have not been altogether in vain with me, I am only longing to be back to learn some more. I am sorry that it is not possible for me to protract our stay in Sweden long enough to pass through a course in gymnastics and movements, which would have been of such a value for me to know. But next week we make for Stockholm and then I will try, if possible, to gain some instructions.

My dear wife is pretty well and as for myself I am gaining every day so you will hardly know me on our return. It is unnecessary to say that we have had one great feasting

right along on our trip and that we have received a right royal welcome everywhere.

Sweden is the most charming country in the whole creation. I am now able to judge discretely, since I have been all around the world ever since I was fifteen years old and my heart is in California, so therefore I can say without prejudice, Sweden is the most charming land on God's earth.

When you go to Europe next, just allow me to suggest a fortnights round-trip in old "Svitiod" for your pleasure.

We have benefitted wonderfully, morally and mentally as well, during our trip, and when we return as we expect to do on the first of September it will be with a new vigor and "steam" just fitted for work. I succeeded to get your one-fourth farthing also a one-third farthing for your collection.

Please remember me with kind regards to my old friends, Professors McLean and Hamilton, Drs. Tuckler, Tomkins, Mathe and others.

Your most faithful and devoted friend and pupil,

HJALMAR KYLBERG, Jr.

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SELECTIONS.

Beltz: The Treatment of Whooping-Cough. (*Jahrb. f. Kinderh.*, xxxii. 1, 2.)

IN the author's experience with this disease there has been more or less pronounced nasal catarrh, as an accompaniment, in all the cases. By treating this catarrh, he has found that the paroxysms of coughing were favorably influenced. In some of the cases there was an immediate diminution in their intensity and duration; while in others there was no perceptible benefit.

In the first group there were nine cases.

In the first case there were thirty paroxysms on the first day of the disease. Nasal insufflation was practiced, and on the next day there were only twelve paroxysms. After ten days of treatment the patient was cured.

In the second case treatment began in the third week of the disease, when there were ten paroxysms daily. After nasal insufflation the paroxysms were reduced to five daily, and during the following fourteen days there were not more than two each day.

The third case was seen during the first week of the disease, the number of daily paroxysms being ten. After insufflation the number was reduced to six. During the following two weeks six insufflations were used, and the patient was cured.

The fourth case was seen at the end of the first week, when there were six to eight coughing-spells daily. Insufflation resulted in a cure in twelve days.

The fifth case was seen at the beginning of the third week, when there were sixteen attacks daily. After four days of insufflation the number was eight, after six days two, and in three weeks the patient was well.

Treatment in the sixth case began at the second week. After thirteen days of insufflation there were seven daily attacks. After twenty-five days the patient was well.

Treatment in the seventh case began when there were twenty-two paroxysms daily in the first week of the disease. After fifteen days of treatment there were nine paroxysm daily, and at the end of four weeks the patient was cured.

Treatment in the eighth case began in the second week, when the attacks were few in number and of moderate intensity. After the first five days of insufflation the attacks increased to twenty-five daily. Then they slowly diminished, and on the sixteenth day there were only six. The patient was well at the end of five weeks.

Treatment in the ninth case began in the second week, when there were twenty severe paroxysms daily. After eight days of insufflation there were eleven daily; then they increased to fifteen. On the seventeenth day there were seven, and at the end of four and a half weeks the patient was cured.

In the second group there were three cases. One was cured after fifty days of treatment, one after fifty-six days, and the third after fifty-eight days.

In the third group there was no perceptible result after long continued use of insufflation. Nitrate of silver was used for insufflation in all cases, either daily or every other day.

A. F. C.

England: Typhoid Fever in an Infant. (*Montreal Medical Journal*, February, 1891.)

Typhoid fever being an extremely rare disease in young children, the author has reported the present case at considerable length. The patient was a boy eight months of age, bottle-fed, small, thin, and delicate-looking, but well until the onset of this attack. He was first seen on October 2, the third day of the illness. The temperature was 102.5° F.; the pulse 140. Believing the case to be one of entero-colitis, castor oil was given, and the diet was carefully regulated. During the next week the temperature ranged from 102.5° F. in the morning to 104° F. in the evening, the remission usually beginning after midnight. The spleen became enlarged, and could be felt as a smooth, firm mass two inches below the ribs. The liver could also be felt an inch below the costal cartilage. An eruption soon appeared upon the abdomen, chest, and back, consisting of numerous small, isolated, bright rose-spots, about the size of a pin's head, or a little larger.

The diagnosis of typhoid fever was based upon the appearance of the eruption, persistent high temperature, tympanitis, enlargement of liver and spleen, and gastro-intestinal derangement evinced by vomiting, pain. and looseness of the bowels.

During the second week the temperature ranged from 102° to 103.5° F. Slight bronchitis developed, the eyes were sensitive to light, and there was evidently pain in the head. At the end of the third week the temperature had become intermittent, the morning temperature reaching normal on October 17.

The diet was milk, rice-water, and raw-meat juice. The treatment was symptomatic. Twelve drops of brandy were given every two hours throughout, and tepid sponging and cold to the head were systematically carried out. A full dose of quinine was given if the afternoon temperature reached 103° F. No complications or sequelæ followed, and the child made a good recovery.

Marriage and Chronic Gonorrhaea.

Ernest Finger states, regarding marriage, that it should be absolutely forbidden in all cases where the existence of a chronic urethritis is evidenced by the presence of the "morning drop" or *tripper faden* in the urine, until the following facts have been established:

1. That after from two to four weeks of daily observation, the secretions from the urethra are found to be *free from pus, and made up wholly of epithelial cells.*

2. That no gonococci can be detected by the microscope, even after a purulent discharge has been established by the employment of irritating injections of corrosive sublimate or nitrate of silver.

3. That neither prostatitis nor stricture exists.

Dr. Brewer then recites a case in his own experience which presented the above matrimonial contra-indications. Against his advice and warning the young man married. Consequently, in two weeks' time he saw the young wife with a purulent urethritis and vulvitis, pus showing abundant colonies of gonococci. A severe cystitis followed, a large utero-vaginal abscess which was opened under ether; also a marked pyelitis which continued for months.

In viewing the records of nearly one thousand cases of urethritis treated by me during the past five years, I find that in six instances I was consulted regarding the propriety of marriage, under circumstances similar to those which existed in the case reported above. My rule had always been in such cases never to allow marriage until at least three months had elapsed since the cessation of all acute symptoms, and until repeated examinations of the secretions (including the *tripper faden*) had failed to show the presence of gonococci. In the six cases referred to, these conditions were observed, and in no instance has the wife exhibited the slightest evidence of infection.—*Dr. G. E. Brown, in International Journal of Surgery.*

Commissions by Druggists to Physicians.

According to the President of the California State Medical Society the sentiment of self-respect and professional honor among apothecaries and doctors must, in California, and especially in San Francisco, be at low ebb. It appears that the most impudent boldness in percentage-giving is very prevalent. Prescriptions are sealed in envelopes, telephoned directly to the drug-store, or written in cipher, outrageous prices being demanded from the patient in order to pay the doctor from 30 to 75 per cent. It is hard to believe that men can stoop to such wretched practices. In the East-

ern cities, if the custom exists at all, it is well concealed or so sugar-coated that it becomes a far more delicate proceding. Essentially, of course, there is no difference in morality between taking an expensive Christmas present and having in a druggist's shop a lock-box of which the physician alone has the key, and in which is deposited a dollar for each prescription received. It is gratifying to know that with us even the complimentary gifts are rarely offered or received. We have heard of a druggist who was greatly surprised to find himself credited by a hospital report as the donor of much fine cologne and toilet sets galore. The doctor had considered himself as only the transfer agent.—*Medical News.*

Ought Medical Women to Marry?

Apropos to the querry, "Should Young Physicians (male) Marry?" which appeared in the July number of this Journal, from the pen of our Prof. Cornwall, we append the following, from Prof. Howe which appears in the E. M. J. for August. V.

The *New York Medical Record* of June 20th discusses the propriety of marriage by doctresses. I would say "yes," or if not, why not? Marriage is physiological, and eminently moral. Besides, if a doctress marry a good husband he will give her support, so that she may not have to do the drudgery of medical practice.

A married doctress is not "at call" during the parturient state, yet a sister practitioner may be. and be glad of the opportunity to earn an obstetrical fee.

A wife and mother may practice medicine, leaving household affairs to a cook and nurse. Pregnancy would be a little onerous, especially if the professional field of labor be in rural districts where equestrian excursions in mountain ranges are a necessity. But, doctresses rarely bear children—they seem to be mostly sterile—they have no time nor opportunity for gestation—their leisure is given to scientific studies.

Yet, do medical women take journals, build up libraries and do scientific work, especially in making original investigations? Not much up to this time. They are yet in their infancy so far as medical matters are concerned. It takes money to pay subscriptions, purchase books and appliances; and a beginner has to be at the expense of living, as a first law of nature. A new fledged doctress is always in a financial strait—she has no ready cash to improve her surroundings—she does not at first aim to be scientific, but to get a living. She is apt to imagine all the world is against her; and some of it is really opposed to her aspirations.

But, in brief, let woman find her mission—let her marry or remain single, just as she elects. She may choose to study and prac-

tice medicine *con amore*, whether married or single; and man would show a selfish weakness who may throw stones at her. If a woman inherit infirmities she is not to blame for them—she is the mother of the race, and should not be accused of faults that belong to being or existence. Man should not be a brute and bully because he wears pants instead of petticoats. Let her have a fair chance in the world; and if she does not attain the loftiest niche in the temple of fame, she has the satisfaction of trying to rise, which is pleasanter than standing still or retrograding. H.

Salol In Cystitis.—One of the commonest ailments among women which the general practitioner is called upon to treat, and which seems to be peculiarly prevalent in this class of patients, is a troublesome cystitis, due possibly to derangements of the pelvic circulation. Not rarely a very considerable amount of difficulty is experienced in overcoming the affection, which not only disturbs the rest of the sufferer, but often also very seriously affects her mental state, causing her to be irritable, nervous, and a source of discomfort to all around her. For the treatment of such cases, resort has been had to innumerable remedies, and success has been claimed in this connection for the most dissimilar drugs and methods. Most frequently the cause of the distress is a vesical catarrh, the cure of which affords more or less complete relief of the condition. At other times the treatment which is found to be called for is constitutional rather than local; and cases also are met with that necessitate a union of both procedures. To this probably it is attributable that the recommendations of different practitioners cover so wide a range of ground; while it explains, too, the reputed success of those who claim to have met with good results from the employment of medicines newly introduced into the Pharmacopœia. The drug most lately reported as being curative of the form of cystitis in question is salol; and three obstinate cases which were completely cured by its administration are described by Dr. Abbot. Each of the patients had been suffering for a considerable time, and had been treated with palliative means with more or less success, but without any permanent relief being obtained. The dose of salol given was ten grains three times a day, and in each marked improvement of the symptoms was very speedily observed. One most satisfactory feature in the history is the rapidity with which the cure was effected, a week or ten days sufficing to bring it about in all three instances. When we remember that even months of treatment by other means may terminate in disappointment, it may well be considered that a method which promises so favorably deserves the widest possible trial, and no doubt the usefulness of the drug in question will soon be tested on a larger scale than has hitherto been the case.—*Med. Press and Circulator.*

EDITORIAL.

Conservatism Among Fellows.

To be conservative in most matters of life up to a certain degree is commendable. In matters of dress it looks best for a gentleman or lady to neither continue to wear the style of two years ago nor to wear the most extreme of the latest fashion. It is best that he or she do not go to either extreme but to dress as near the prevailing fashion as is compatible with comeliness and comfort. In matters of medicine it is not best to stick to your old remedies, and never try the new, neither is it best to discard the old tried ones for new remedies you *wot not of*; but is most rational to occupy the medium ground, and weigh carefully the testimony in favor of new remedies before you risk the life of your patients by their employment. A part of the profession were conservative regarding Dr. Koch's cure for tuberculosis and said, and still say, there is nothing in it; and another class hailed the discovery as the ultimatum as a cure for consumption; ran far off to Germany and bribed everybody to get a little of the precious stuff. Some men are too conservative and some too sanguine. This lymph of Dr. Koch's probably is useful in certain kinds of cases. Plainly it could not long cure one of a tuberculous diathesis; with those who had *caught* it it might be different. But what we wished to say is regarding conservatism among fellows. We have a medical journal. It had suspended through some mismanagement. The medical society appointed a committee to restore it. They, the committee, went ahead to the best of their knowledge and bought an outfit for publishing it and became responsible for the goods. The society was called upon to assist in giving the JOURNAL a start. The committee had the work to do and the money to put up. The conservative members, which constituted the greater part of them, said

Original

can't make the thing go. I will wait and see before I put any money into it. This is the kind of conservatism we don't like.

Another case; Dr. Cornwall and Dr. Hunsaker at the expense of several thousand dollars fitted up a private hospital. It had always been the cry that we needed such places in which to have our patients treated. The doctors knew that their own practice would not furnish a sufficient number of patients to sustain such a place, but confidently reckoned upon their brethren bringing some of their cases to the hospital. The rates were arranged as St. Marys or the German hospital and there was assurance given that patients would be properly cared for, but up to date not one of their brethren has responded. May be they are so conservative as to wait to see if the doctors will not have to give the project up as a financial failure, and then gratify themselves upon their judgement by saying *I told you so.* C.

Mercuric Bichloride.

This, as a germicide, is the dressing, *par excellence,* in small fresh wounds. I know it is claimed by some of my *confreres* that by the antiseptic properties of this remedy, it prevents the necessary inflammatory processes for healing, thus preventing union by first intention. While I admit that this might be true if the raw surfaces of a wound were thoroughly cauterized by the use of a too strong solution. But it is hardly probable that any one at all conversant with its uses and effects would use such a solution.

In my hands it has proven *all* that could be desired. I usually use it of a strength ranging from 1-500 to 1-5000, ordinarily 1-1000, and have had nothing but the most beautiful results, even from the stronger solution. For scalp wounds, incised wounds, the amputation of a finger or toe, or a circumcision, I use no other dressing. Before operating, the parts are thoroughly cleansed with a solution of such strength as I deem best for the particular case; all the sponges used during the operation also coming from the

Defective

antiseptic solution. After the operation is completed, I take either some absorbent cotton, or a few folds of some old, soft bandage material, saturated in a 1-1000 sol. and cover the parts in entirely, over which I put some other bandage or absorbent cotton, in such a way that it can be readily removed by the patient. I then give him a solution or instruct him how to make it, and direct that with it the first covering be kept wet; and the rule is that the one dressing is all that is required except where there has been some bleeding, in which case it will be necessary to put on a second dressing after all oozing has stopped.

This, of course would not do if the wound was at or near the eye. But it is especially a nice dressing after a circumcision. It is easily applied and easily kept moist, by the patient several times a day putting a few drops of the solution on the cotton. It saves frequent visits to the doctor's office and the removal of foul, sticking dressings which we are almost sure to have if we attempt to treat by the dry method, and especially if we use that abomination of all remedies— Iodoform— for a dressing.

In regard to Iodoform, I want to go on record as saying, that it is the most lauded, yet the least praise-worthy of any of the many antiseptics now in use. It is stinking, to many people, to almost beyond endurance. It marks the patient as having "something wrong" with him, however trivial or obscure the wound may be. In fact the more trivial and obscure, the worse off will he be. If he should go along the street on crutches, or get on a car with his hand or foot bundled up, other people with sensitive noses, could see from whence came the foul odors he brought with him, and would perhaps excuse him for the same.

But let a man who has a small scalp wound or some other invisible wound or sore, which has been duly sprinkled with the orthodox powder, squeeze himself down between two ladies in a crowded car, and my head for it, he could never make a *mash* on one of them in the future.

For fresh wounds I use the bichloride solution alone. If it be a sloughing wound, an old ulcer or gangrenous sore, I

use the bichloride in peruvian balsam, and have a dressing which instead of adding to the foul odors of the diseased parts, it has a pleasant odor of itself, and renders the parts to which it is applied sweet and clean, and as to its therapeutical virtues there is none better.

Iodoform besides making the patient offensive, and perhaps causing him unjust criticism; it also makes the doctor's office where such a dressing has been applied or removed, about as unpleasant as an ordinary *tan-yard.* v.

We wish to call the especial attention of the readers of the California Medical Journal, to the Brochure on Nasal Catarrh, by our Prof. Cornwall. The subject is handled in a plain, straight forward, masterly manner. Being a specialist and a fine operator himself, he fully appreciates the stumbling blocks in the way of the ordinary practitioner as to understanding the true pathology of nasal diseases, in general and the difficulties with which they have to contend to successfully treat this form—nasal catarrh—which is the most stubborn of all, with which the general parctitioner meets.

Prof. Cornwall, in writing this little book has sought to give its readers, only that which an extensive practice and a large and successful experience, has proven to him to be the true pathology of this class of diseases and their most successful treatment, therapeutically and surgically. Galvano therapeutics being an important factor. Send and get this book FREE. v.

Chloroform Versus Morphine.

Not long since I was called by a Homœopathic friend—who by the way is quite a bright fellow, well posted in both Homœopathy and Eclecticism—to see a case of ovarian neuralgia in a young widow, of an amorous disposition. She had been suffering two or three days and nights and the doctor first tried all the remedies, calculated to give relief in such cases, known in both the schools mentioned; but she grew gradually worse every hour till finally the doctor resorted to hero-

ic doses of morphine, giving one grain per *os* and two grains hypodermically inside of two hours; besides bromides, chloral etc. etc. But her sufferings were so intense, that all she had taken had no effect whatever, not giving her one minute of ease, and as the doctor did not think it safe to give any more morphine, he came personally for me at 1 A. M. to see the case with him. When we arrived the lady was writhing in agony and showing some symptoms of convulsions.

I at once administered chloroform freely and in a few minutes she was sleeping quietly, but soon started up from a recurrence of the pain. The chloroform soon had her quiet again, and was given each time she was roused by the pain, which grew less and less severe and less often for the next six or eight hours when the chloroform was discontinued and a few small doses of chloral and morphine were given during the next twenty-four hours, and recovery soon followed.

There are several points of interest in this case.

(1) When a patient is suffering *agonizing* pain, we never know just the amount of morphine to give to have the desired effect.

(2) If we did know the required amount, it is foolish to wait for its slow action, when every minute is an age to the patient, and we can give almost instant relief with chloroform.

(3) It will take much less morphine to control the pain, after it has been once subdued by the chloroform.

(4) In this case the patient became thoroughly narcotised from the morphine after she had been eased with the chloroform, though it had previously been in her system two hours with no effect.

I tried this treatment in the case of a severe burn and it had the same happy results. The case was that of a boy who was frightfully burned. I administered a hypodermic of morphine and after a few minutes waiting, his agony was such that I gave the second injection of morphine, which, like the first, did not give relief as soon as the urgency of the case demanded. The parents were urging me to do *something* to relieve their boy who was screaming at the top

of his voice every breath, but I dared not give the third injection of morphine, as I feared an overdose when it did have effect. So for a moment I was in an unenviable dilemma, but I bethought me of a little chloroform in my satchel, and in five minutes the boy was quietly sleeping and by the time the effects of the chloroform was gone, the morphine had taken effect and I had no further trouble in controlling the pain.

From these two cases I have deduced the following conclusion. In any case where the pain is so great that it demands immediate relief, whether it be from burn, wound or idiopathic affection, the proper mode of treatment is, to relieve the pain at once with chloroform and at the same time administers morphine—if we are going to use it at all—hypodermically so as to have its specific effect ere the patient comes from under the influence of the chloroform. v.

BOOK NOTES

A Practical and Systematic Treatise On Fractures and Dislocations. By *A. J. Howe, A. M. M. D.* Prof. of Surgery in the Eclectic Medical Institute. Fourth Edition.

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Additional Book Notes on the page following the Table of Contents.

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